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The Forum Series.—No. 19.

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A SURVEY OF THE PRESENT POSITION

BY
CORA B. S. HODSON
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LONDON :
WATTS & CO.,
5 & 6 JOHNSON'S COURT, FLEET STREET, E.C.4

FIRST PUBLISHED 1934

**PRINTED AND PUBLISHED IN GREAT BRITAIN
BY C. A. WATTS & CO. LIMITED,
5 & 6 JOHNSON'S COURT, FLEET STREET, LONDON, E.C.4**

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FOREWORD

THIS little book is really a co-operative work; it could not possibly have been produced but for the help of such a number of people that I cannot attempt individual acknowledgments. In England I have had frequent conversations with eugenists which produced by slow growth the ideas underlying what is here set out. In all the countries from which work is described I have relied on information from a number of friends, and also on facts and views freely given by people who have often taken considerable pains to collect the data required. I greatly hope that some of these will feel repaid by the production of this little book and the knowledge that it would not have existed without their help.

Something should be said about the plan I have adopted here. It is not as yet, I believe, sufficiently recognized how far the intervention of biologists in the field of social work can, and should, modify political theory and social activity. Sociological thought in the past has largely relied on the old-time theories of logic. The scientist, on the other hand, only reaches theory by piecing together carefully ascertained data; often the facts sought are found by conscious and carefully-planned experiment. All the various bodies of knowledge which go to form the basis of government and of those forces which control social thought and social custom should, from the biologist's point of view, be based on facts of human life (both individual and multiple), just as exact as the experimental bases of theories regarding the constitution of matter, or any other purely scientific body of knowledge. That this mode of thought is not widely followed will be obvious to anyone who takes the trouble to verify it.

It is no excuse for the rarity of this outlook to say that human beings cannot be subject to laboratory experiment, for the various types of social organization demonstrate clearly how widely man has in the past, and is to-day, experimenting with his existence.

Here I attempt, in considering sterilization, to refrain as much as possible from argument, and merely to set down observations regarding the operation. First, I call attention to prevention of procreation in the past for social and political reasons; and, secondly, I refer to operations of this nature performed in the past two generations for the sake of individual health. I then give briefly what I have been able to learn in regard to sterilization operations undertaken mainly as an extension of preventive medicine with a view to protecting posterity from hereditary damage.

Biological laws, and particularly the laws of heredity as they apply to man, are not included. Even the most recent discoveries are well described in simple books sold at a price which puts them within everybody's reach, and those readers who are not yet familiar with this vital material will find titles of helpful books in the short bibliography appended.

Finally, I have attempted to relate the question of sterilization to the philanthropic thought and ideals which underlie all serious social effort, and to the scientific theories of evolution which seem to me best grounded so far as our present knowledge allows.

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CHAPTER I

What's in a Name?

IT will be helpful to readers who are not acquainted with medical details to have some idea of the operation which now generally goes by the name of sterilization, and of other operations like it. The word "sterilization" simply means "to render sterile" or barren: we speak of sterilizing vessels and sterilizing milk, which means that, either by washing with some sufficiently poisonous substance or subjecting to heat (the only method with milk and foodstuffs), the germs which may be there will be killed, and so prevented from multiplying.

It is also well known that some human beings, like some animals, are sterile. People often speak of a "sterile marriage." Some of these cases are due to the fact that one partner cannot, for some reason or other, do his or her part in producing a child; ¹ others may be due to some lack of adjustment between the partners; quite a number of cases are known in which, after divorce, both partners who failed to have children in their previous marriage became parents when married to someone else.

From the earliest times of which we have any record, various peoples and tribes have wanted to limit the power of having children, and have done this by some surgical operation. The males allotted to special tasks in a community come under this head. The old-time operation is known as castration, which means the removal of the glands which produce sperms. Both in animals and human beings these little sacs lie in an external pouch, and are therefore very easily removed. In women and all female animals, the ovaries—that is, the glands in which the female egg-cell is formed—are hidden and well protected, lying deep and low down in the abdominal cavity.

The operations which are now always referred to as sterilization are a fairly recent surgical discovery. Sterility is ensured, without touching the glands which form the germinal cells, by obstructing the passage of these cells to the penis in the male, and the womb in the female. From this it will be clear that for a male the operation is easy, as the ducts lie

¹ Cases which to-day are often curable.

just below the skin, and all that is required is to make a small incision and either tie the sperm-ducts or (as is the general procedure now) remove a short length of the tubes and tie the end furthest from the gland. Sperms are being perpetually formed in the adult, and this method allows them, as formed, to fall into the sac surrounding the glands, where they are readily absorbed by the living tissues of the lining.

Most newspaper readers are aware of the attempts which have been made recently to maintain youthful vigour in ageing men by some means which promotes absorption of spermatogenic material. The implantation of an extra quantity of sex-gland is one such method; but closure of the sperm ducts is another, for which considerable success was claimed. This fact shows that a successful sterilization operation would not be likely to damage the health of a man in any way, but might even have invigorating effects.

In a woman, the minute egg-cell is produced only once in about four weeks, and its absorption has no such invigorating effect. However, modern experiments have proved conclusively that the sex glands in every animal do more than merely produce the germ cells. They are "glands" in the true physiological sense; that is, groups of cells which have the power of producing particular chemical combinations from the material supplied by the blood-stream—these compounds being, in their turn, thrown again into the blood, and so affecting the activity of other parts of the body. It is therefore reasonable to expect that the removal of the sex glands would cause a change in the whole animal. Indeed, so much has recently been learnt about such changes that it is impossible to go into details here; it is enough to mention a few of the more outstanding effects. Removal of the sex glands, in the male and in the female, reduces the "mating" desire. It sometimes has the further effect of arresting the growth of the characters differentiating the male and the female; in a woman, the tendency for the loss of the ovaries to produce hair on the face and to cause a deeper and more man-like vocal pitch is very well known. In a man, it makes a great difference at what age the glands are removed. In a woman, the ovaries normally stop their activity at the change of life, and it is therefore not surprising that those changes in a woman which are due to removal of the ovaries should be less striking than those in the male. If the male glands

are removed at, or before, puberty, the special manly qualities will be modified in a female direction. There will be very little hair on the face, the voice will not break and will retain the higher pitch of the boy, and the whole outline of the body will tend to be more rounded and rather fatter than in the normal males of the race. On the other hand, castration in adult life leaves the man apparently unchanged, except for a loss of sex desire.

All this is known not only from experiments on animals, but also from medical experience in human beings. When one hears of "castration," or speaks of "eunuchs" (the historical name for males who have had that operation), the feeling comes into the mind of dislike or pity; but a number of people are living to-day who have had the operation of "gonadectomy" for some disease of the sex glands, and those who are aware of the fact have a feeling of satisfaction in reflecting that modern medical science has preserved the life and restored the comfort and usefulness of a member of society. Amongst women in this country, a very large number have been "castrated" by the operation known as "ovariotomy." In such cases satisfaction at recovered health might be marred by regret at loss of power to have children in the case of younger women who hoped to be mothers. In addition to these cases, however, there are numbers of women who have had the more serious operation of "hysterectomy"—that is, the removal of the womb. There is no need to enlarge on the fact that these women very frequently lead happy, healthy, and useful lives, in spite of being deprived of such an important part of their bodily make-up. Most people know a number of cases among their own friends.

Later it will appear how and why it is that these different terms arouse such different sentiments; here it should be noted that, when the term "castration" is used, the idea conveyed is that parenthood, or the power of begetting children, is entailed; while all the various medical terms for operations which cause the same results, when performed for health's sake, emphasize the curative and desirable aspects of the treatment.

It should now be clear what is meant by the term "sterilization." Both medical men and the public are using this word in regard to Man purely and solely for operations which do not touch the sex glands, but which prevent parenthood by

closing the passages which lead from the glands, so as to prevent the sperms or egg-cells from reaching their destination. It should also be clear that such operations make no difference to the patient, except in preventing parenthood, because the glands go on forming cells and elaborating the chemical compounds, known as hormones, and passing them into the blood-stream, just as before the operation. The patient still has the same desire for sex activity as before; and the power of sex intercourse is not interfered with in any way.

This point perhaps needs further explanation. The glands which form the reproductive cells are not the only ones concerned with sex. In the male, the sperms are joined in their passage by a flow of products from a number of other glands, which together form the "semen." Although the sperms are very numerous—running into millions—they hardly form a measurable quantity of the total amount of semen, and after the supply of sperms has been stopped there is no noticeable difference in the volume of fluids thrown out in sex activity. This is equally the case in both sexes. In a woman also, in sex activity a number of glands are involved, and the moisture which they produce, together with all the muscular movements and sensation, is wholly unaffected by the fact that no ovum has passed down the oviduct. And this absence of an ovum makes no difference to the satisfaction of the male who is a partner in the act.

In the early part of this chapter the results of removing the sex glands have been considered mainly for the purpose of reminding ourselves how little difference even the more drastic operations cause in fully-grown persons. It is only when we consider the whole of recent medical experience and the actual results of what is so widely practised to-day in our own country, and even among our personal acquaintances, that the subject is seen in proper perspective. A great many people, when they hear the word "sterilization," think that it is an illegal operation which cannot be performed in England, quite unconscious of the fact that they may be meeting and talking to numbers who owe their health, comfort, and usefulness to having had either this operation or one of the very much graver operations which remove whole parts of the body concerned with sex.

To sum up: history as far back as we know it shows that mankind has always practised interference with parenthood

for some reason or other. The most usual grounds might be classed as economic. When knowledge of the control of natural forces was much less than we now possess, groups limited their numbers, either in accordance with their actual food-supply, or in order to maintain the standard of life which they had acquired and desired. In more civilized communities, parenthood was prevented on social grounds, of which the best-known example is that of "eunuchs," charged with serving, guarding, and directing the womenkind of Chiefs. To refrain from parenthood has also been regarded as a virtue or necessity on religious grounds, and, in some sects still existing, this is achieved by operation. Partly economic, and partly social, were the cases of "castration" operations on boys with beautiful voices to retain the quality of high pitch in singing throughout life. In recent times, amongst Western civilized peoples there has been a concentration on the effort to maintain the life of all members of society as an individual possession of the greatest value, and this has promoted operations on the sex glands for improved health. Sterilization is now frequently undertaken for women whose health or life is endangered by having more children. A clear example of this is the case of women whose pelvic girdle is too narrow for a confinement to take place without danger to life. If an operation is needed for delivery, it is not regarded as right, or possible, to perform this many times in succession, and even the poorest women in any good maternity hospital will be sterilized at the time of the second or third Caesarean operation. The very small extent to which either sterilization or graver operations interfere with a person's normal health or activity can be verified by anyone who takes the trouble to inquire of the patients whom they know. It is also clear that all and any of these operations are legal amongst Western civilized peoples when they are performed for the sake of the individual's own health.

This brings us to the point at which we can consider sterilization as the subject of this book—namely, when it is undertaken in a healthy individual on grounds of heredity. This is properly called Eugenic Sterilization.

CHAPTER II

Evolution and Preventive Medicine

THE idea of eugenic sterilization has come into being as a result of the convergence of independent streams of thought and endeavour.

The theory of evolution put forward by Charles Darwin and Alfred Russel Wallace in the middle of last century is the basis of the idea of Eugenics. Evolution itself was not a new idea; it appears in the oldest literature most of us know—namely, the Bible, both in the Old and in the New Testament. Darwin's advance beyond all previous work consists in showing how evolution came about in the past. It was his cousin, Francis Galton, who seized on the fact that knowing how evolution has been achieved in the past, puts Man in a position to direct human evolution in the future.

By evolution we mean development in a given direction. Changes are going on all the time in all populations of living things: in the little germs (bacteria), some of which plague us with disease—the activities of the useful ones being largely taken for granted; in plant populations, of which a good example is the damming of rivers and estuaries by immigrant water-weeds and water-plants; amongst animal populations, whether in nature or whether interfered with by Man. (For changes in natural animal populations, readers should turn to Seton Thompson's book *The Barren Lands of Canada*, which gives a clear picture of the steady fight between bacteria, rabbits, and foxes, resulting in regular cycles of increase and decrease in the numbers of the latter.)

That the changes are not always in the same direction is quite clear to naturalists, who recognize a number of animal forms showing vestiges of organs which prove that the particular animal, in some far-gone period, was adapted to a different and more mobile form of life than its descendants now enjoy. Evolution, therefore, does not merely mean change, but change in the direction which we human beings think of as "higher." And this we really judge by ourselves; we regard our own civilization as a high state of human development, and feel that we have progressed because to-day we can cover distances by land, water, or air much more rapidly than our great-grandfathers; we can deal much

more successfully with disease, as was shown in the last chapter; we know much more, not only about the planet on which we live, but also about other worlds, than was ever known before; and, last but not least, we have, in my lifetime, enormously raised the standard of comfort and happiness in the daily life of the poorest and weakest in the community. These changes can rightly be described as social "evolution," and give us an idea of what the term means.

In Darwinian evolution there are two pivotal points: heredity and selection. Darwin pointed out that nature was constantly selecting the individuals best fitted to their particular form of life, and that the fact of heredity caused the qualities which fitted them to their environment to persist in their offspring. In other words, selection works as an instrument on heredity as its material. Galton built up the science of eugenics on this foundation, and this science involves the study of natural forces on the one hand, and of social customs and laws on the other in selecting the surviving population in each generation; and also the study of heredity.

There is not space in this book to go into the subject of heredity at any length. Many excellent simple books dealing with the matter can now be had cheaply (see the list given on the last page). Here it will be taken for granted that heredity is a fact, and, further, that both health and capacity depend in the first instance on the qualities we receive from our forbears, whether we develop them by training and use or not.

Where heredity is accepted as a fact, and where its scope is truly recognized to be that stated, it becomes clear at once that further evolution depends on who in the community are the parents of the future race. But it is also clear that in the still more pressing questions of health, both public and private, heredity is of the greatest importance.

One of the outstanding features of our present-day civilization is the way in which we are coping with disease in the sense of prevention. It is not necessary to go very far back in time to find that this country suffered from periodic plagues; every history-book tells of the Black Death, due to an infection which, once introduced, spread very rapidly, and killed off a considerable proportion of the population. Cholera epidemics, which still occur to some extent in other countries, at one time caused frightful havoc in England.

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Indeed, the general public is apt to feel annoyed with the medical profession because it has not yet discovered a means of coping with influenza epidemics.

Apart from those diseases which occurred periodically, there were formerly a number of serious and dangerous illnesses which lurked as a continual danger, of which smallpox is a good example. Up to a hundred years ago, a high proportion of the population showed by marks on their faces that they had had this horrible disease. Such scourges have been removed by careful regulations, spoken of as "Preventive Medicine." Amongst these regulations are careful control at our ports to prevent the entrance not only of infected persons, but also of animals, which may carry and spread disease. Anyone suffering from smallpox, diphtheria, or scarlet fever (all diseases which are highly infectious) is isolated and kept away from other people compulsorily, until the disease is over and the germs removed by disinfection.

Strangely enough, the advance in medicine to which we owe the prevention of diseases contracted by distribution of germs not only does nothing to prevent the increase of constitutional diseases but, as we stand to-day, is actually promoting the spread of those which are inherited, for this reason. Formerly diseases which were sufficiently dangerous resulted in the death of the patient, very often before he or she had had any offspring, and so the tainted stock was kept down to very small numbers; whereas to-day, scientific treatment prolongs the life of such people and nothing prevents them, except in rare cases, from marrying and having families.

In mental illness and disabilities this is even more strikingly the case than with bodily disorders. If we look at the various ways in which mental disease and mental abnormality show themselves, the position will be more readily understood. Under the term "madness" we are apt to think first of the raving lunatic. A person in such a condition is highly dangerous, and it is not surprising that the former treatment (which obtained almost to within living memory) was to put such people under constraint—in chains, or in cells—and to do nothing but supply them with food. Their treatment was a fear-reaction, and a very natural one, on the part of those who had to deal with them; and it should be remembered that the danger is real. Those who tend the insane by modern methods should be honoured as performing a difficult

and dangerous task with extraordinary disregard for their own personal comfort and safety. Other manifestations less generally recognized are conditions of mental exaltation which lead the patient to regard himself as an important leader; not a few of such types used to be regarded as politically dangerous (which they quite truly were); since their obsessions led to small revolts or fanatical religious wars, terminating in their own destruction. Yet other forms of mental disorder cause a perverted sense of right and wrong, and may be the basis either of thefts, or (where the delusion is one of persecution) of attempted murder, or of injury to the supposed persecutor. It was only in the middle of the last century that the death penalty for theft and assault was given up, so that a considerable number of insane people were formerly put out of the way in this manner. However unjust such treatment may appear to us to-day, it clearly prevented the spread through inheritance of this form of disease. It should perhaps be mentioned here that some forms of epilepsy—another inherited complaint—ought to be included in the diseases underlying certain crimes.

It is not suggested merely on theoretical grounds that these considerations should be taken into account; we have a certain amount of statistical evidence of the increase of insanity in the period which has elapsed since the introduction of humane and successful treatment of mental disorders. There are very few regions for which any exact calculation of the numbers of people suffering from insanity has been obtained; in this country our figures are based only on the numbers of patients certified in asylums (or Mental Hospitals, as we now prefer to call them). These figures do not represent the whole extent of the problem. Many patients are not included, either because the mild form of the disease renders it unnecessary to certify them, or because the relatives are able to manage them at home and have sufficient devotion for such a difficult task. Another cause of incompleteness in our statistics, due to taking asylum figures only, is that several forms of insanity run a periodic course, the patient being alternately insane and normal; as soon as mental health is re-established, such a patient is discharged from hospital, though there may be the probability, amounting almost to certainty, that he or she will before long again require control and care. The safeguards with which English law hedges about certification increases, on the other hand,

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the validity of our figures. The medical men who sign the detention order are liable to severe penalties if the diagnosis is mistaken. It is, of course, a very serious thing to deprive a citizen unjustly of his liberty; and consequently dangers which medical practitioners run in signing certificates constitute a real check against certification in cases where it is not clearly essential. Up to the beginning of the Great War the annual record of persons certified and in asylums was given as a proportion of the estimated population for the year. These records began in 1859, and the number then stood at 1 in 500 of the population. In 1913 the number was 1 in 250. This should probably not be taken as pointing to an actual doubling of the amount of insanity, first, because better treatment has resulted in longer years of survival in asylums; secondly, the spread of information and a wider understanding of the problem have undoubtedly led to earlier recognition of disease and an increasing willingness on the part both of patients and their relatives to submit to certification and treatment. On the other hand, we have to set against these factors the increasing number of temporary cures with resulting discharge. Indeed, the mental convalescents annually discharged to-day are round about 25 per cent. of the numbers admitted. No careful investigation as yet exists which would make it possible to estimate how far these opposite trends balance.¹

The fight for health, then, to-day may be compared to a battle-line where, as one wing becomes victorious and advances, the other wing is being pushed back at a steadily increasing rate. Those who read carefully the Annual Reports issued by the Ministry of Health will be aware that allusions to this fact frequently occur. One point is perhaps most significant. Within the last twenty years the death-rate of babies under one year has fallen by half; whereas the incidence of constitutional diseases shows no diminution, and although in

¹ Most readers will be aware that the recent introduction of the Mental Treatment Act now makes it possible for patients to enter a Mental Hospital voluntarily without certification, for treatment of the early stages of disease. It will be seen that calculations of the amount of insanity in our population will in the future have to be based on a different method, and that we can no longer take the annual figures of the Board of Control of certified patients as approximating with anything like the same approach to completeness to the amount of mental disease existing in the country. Competent authorities consider that the War made practically no difference to the steadily rising curve, and that the acceleration shown between 1859 and 1913 continues.

every respect the standard of living of the poorest in the country has risen steadily, the number of those who can be regarded as physically and mentally fit seems to be steadily falling.

Evidence for this first statement can be found in the survey of the London poor now being undertaken by the London School of Economics. This shows that (calculated on the ratio of increase of London's population) we have to-day on the poverty line only 30 per cent. as many as there were in Charles Booth's survey forty years ago; in addition to which, the medical assistance available for both children and adults in the working class is incomparably better than that available in his day. The numbers of fit and unfit, on the other hand, are in this country hard to assess. Those nations which have conscription can easily reckon "fitness" figures by the numbers of rejects amongst recruits set against the standard of medical examination of any given year; in this country we can normally get only indirect evidence. But the examination of recruits in war time, which affected every male over seventeen years of age outside prisons, asylums, and sanatoria, gave illuminating results. These figures showed roughly three in every nine competent to work and two in every nine chronic invalids, with varying degrees of physical and mental disability lying between these two extremes.

It is well known how difficult it is, even with all the unemployment which exists to-day, to recruit enough men for those few occupations for which only the physically robust and mentally competent are eligible. For many years past the Police Force has been obliged to reject 95 per cent. of the young men who present themselves. The Navy rejects 90 per cent., the requirements there not including as high a standard of height, and admitting of a definitely lower standard of mental capacity, except amongst officers. Further evidence of widespread constitutional weakness is available in the returns of sickness for National Health Insurance. (It must be remembered that those who lie outside the provisions of Insurance are, in the working population, definitely less healthy than those included.)

It is clear, therefore, that a complete policy of preventive medicine requires some method by which faulty heredity can be combated. It is as much against philanthropic ideals as against sound sense to cure the results of a bad constitution

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in an individual, if this merely makes it possible for him or her to pass on that diseased constitution to children, mingling it with the inborn vigour of a healthy partner, so that a steadily diminishing proportion of the race remains truly strong and healthy. Sterilization gives to medicine just the instrument which we now need in order to complete our armoury in the battle against disease.

CHAPTER III

The Beginnings of Eugenic Sterilization

STERILIZATION as a medical measure appears to have been first used in Europe, but it may be convenient to consider its development as a measure of public health in the United States, because the experiments made there have varied considerably from area to area, and are therefore of particular importance. For our purpose it is unnecessary to give a detailed history of the growth of the practice, and this study will be limited to bringing out points which seem to have the greatest practical bearing. An answer is required to the following questions :—

1. To what patients should sterilization be applied to secure a healthy race ?

2. How should it be applied—as a compulsory measure as we apply segregation of criminals and the insane and persons affected by contagious diseases, or should it be offered to those who can be persuaded to accept it voluntarily ?

3. What will be the social results of sterilization as a public health measure ?

(a) Will it undermine the sense of humanity and respect for individual rights ?

(b) Will it tend to a laxity in sex matters, with an increase of promiscuity and the growth of venereal diseases ?

(c) If it is voluntary, will it only be accepted by high-minded people with a strong sense of racial responsibility, and so tend to reduce their numbers in the community ?

4. How will it affect the individual ?

(a) Will it lessen his sense of self-respect ?

(b) Will it add to the pains and fears already afflicting those who inherit constitutional troubles, whether mental or physical ?

(c) Will the necessary emphasis on the hereditary character of the disease lessen the chances of recovery for the insane in particular ?

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It will be convenient not to try to answer these questions in the order in which they are here set out, but to take the evidence from the United States and Europe, as it comes, and apply it in answer to these problems.

The first experiment in sterilization in America on a modest scale was made in the State of Indiana, where the Director of an Institution for delinquent boys, Dr. Harry Sharp, in 1899, commenced to apply the operation to nearly all his charges (456 cases). He was impressed by the fact that these lads started life, almost without exception, with serious handicaps of different kinds, and believed that the work which he was doing of training and re-education would be worse than lost, if they in their turn as fathers handed on the same troubles to their children. Well-meaning persons in the State presently raised a hue and cry against his work, and as it was easy to show that the legal justification for any operation—namely, improvement of the health of the individual—was not present, and that he was acting illegally, there was very little difficulty in stopping the practice. Later (1907) Indiana introduced sterilization laws. By January 1st, 1933, only 217 legalized operations were reported as having been performed in that State.

This gives an example of the results of allowing a stigma to attach to a sterilization operation. Such a result is inevitable where it is performed upon criminals or delinquents by reason of their being such, and not solely because they are suffering from some inherited disability. It is, further, an example of the ease with which a social tradition is created, and the difficulty of counteracting it, once created.

The next State to enact a sterilization law was Washington in 1909, the only class of individuals so dealt with being habitual criminals. Here the number sterilized up to January 1st, 1933, was thirty.

It would be tedious to go through the history of sterilization in America, State by State; a summary suffices. It has to be borne in mind that in the United States each State has its own legislative body, meeting biennially for the purpose of enacting local legislation. It will be remembered that many individual States passed prohibition laws before Federal Prohibition came in. Every State, however, is subject to the Federal Constitution, and this makes state legislation a somewhat complicated matter in that every enactment, unless it conforms to the Federal Constitution, is inoperative. A

considerable number of the original sterilization laws did not conform to the constitution, and were therefore repealed; and it was only after many experiments that a form of law was outlined which avoided disharmony. The inclusion of criminals in sterilization acts was a frequent reason for their repeal, in that the Federal Constitution forbids any "cruel and unusual" punishment, and a physical operation fell under this head when applied to prisoners.

Another ground of repeal lay in the fact that some laws were applicable only to persons in Institutions. The Federal Constitution secures equal treatment for all citizens, and hence laws required to be very delicately framed, when they resulted in operations for patients in Institutions, which could not readily be obtained for those not so segregated. These facts explain the frequency with which sterilization laws in the different States have been enacted and repealed and enacted again. By the date taken as a base line above, 1933, twenty-six States were working sterilization laws, and the statutorily recorded cases of operation were over 16,000.

There is a tremendous discrepancy between the numbers of operations in the various States, and these require a little further analysis in order to see, apart from the inclusion of criminals and inmates of institutions, what other factors militate against success in putting these laws into practice. One of the most recent recruits to sterilization is the State of Vermont, which I visited in the autumn of 1932, when the Sterilization Act had been in force for a few months. This measure was so framed as to conform to the Federal Constitution. It allowed sterilization for patients suffering from hereditary insanity or hereditary feeble-mindedness. There was no intention to apply it to patients whose condition necessitated their remaining in an institution, but only to those who were sufficiently trained, or sufficiently recovered, to be discharged. The principle was voluntary. The numbers statutorily reported by January 1st, 1933, were thirty operations; but at the time of my visit the numbers in the three institutions I saw were considerably higher than this, a fact which shows that it takes some time for the compilation of statutory records. If we compare these thirty in one year with Washington's thirty since 1909, the contrast is striking.

Let us take another State, Iowa, where the first law was passed in 1911. Here the Act covered habitual criminals, idiots, feeble-minded and imbeciles, epileptics, and alcoholics.

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A second act was passed in 1913 which included insanity, and its application is compulsory in all cases where the operation is decreed by the Board set up to determine whether the condition is or is not hereditary. Yet a third law, passed in 1915, like the previous act, imposed penalties for sterilization operations performed outside the provisions of the act. This third act required the consent of the spouse or guardian of the patient before the operation. This last law excludes habitual criminals as such and, it is to be observed, is not wholly compulsory. Nevertheless, it can hardly be regarded as successful, in that the total number of operations secured in twenty-two years is only ninety-four. A survey of all the different States allows of only one conclusion—namely, that a stigma attaches to an operation which is not primarily and definitely based on essentially medical grounds; and also that compulsion in practice prevents operations, and does not, as would at first sight be imagined, promote them.

It is unnecessary to say much about the reasons which explain this fact. They fall under two main heads: first, that compulsion requires a very elaborate system of Court examination and investigation in order to safeguard against any mistake; secondly, that compulsion goes against the whole trend of modern institutional treatment. For the insane, even the violent, every attempt is made to-day to avoid any feeling on the part of the patient that he is under constraint, as such a feeling aggravates his condition and prolongs it; further, for both the feeble-minded and the delinquent, one of the main instruments for improvement is recognized to be the building up of a feeling of self-respect. A compulsory operation militates against this whole tendency of the best modern institutions, and would therefore be avoided strenuously by all the best directors.

For any thinking person, the question must arise how far consent in the true sense can be obtained from an insane or a feeble-minded person. It is only intimate investigations on the spot which make possible any answer to this question. In Vermont, I made this the chief point of observation in the work I saw there. I found that those in charge were taking great pains to be sure that no case went forward for operation in which there was any doubt about voluntary consent; even to the extent of permitting those few patients who would not be persuaded to be discharged despite that fact. Evidence will be given later on the question of consent by the feeble-

minded. The insane in this regard do not differ from normal individuals, because the question of an operation does not arise until the patient has recovered, at least temporarily, and is ready for discharge. Very often a convalescent looks forward with some dread to leaving institutional life, where he or she has been safeguarded and happy, and has not had to cope with family worries, or the difficulties of earning a living. To very many married patients it comes as an intense relief to be offered an operation which will allow them to return to normal married life without the fear of adding to the problem either of looking after children in the case of the mother, or supporting them in the case of the father.

In Vermont, the Training School (corresponding to our old Industrial Schools) presented an interesting problem. As in similar schools with us, a number of the young charges were feeble-minded, amongst whom the higher-grade individuals responded sufficiently well to training to be ready, round about eighteen, for return either to their homes or to well-chosen situations. Here the question of sterilization arose. The Director told me he was experiencing considerable difficulty in explaining to these young persons the advantage of sterilization in their own case as a private affair, without its being discussed by the whole little community, amongst many of whom there was no hereditary defect. I shall show later on how the Whittier School in California gets over this difficulty.

Something should be said about the type of institutions which exist in the United States. Specialists in these problems are aware that it is in America that some of the most splendid models of curative work, both for the insane and the feeble-minded, are to be found. For the general reader it is perhaps enough to recall the fact that Child Guidance Clinics, which are just starting in our own country, began over there. A Child Guidance Clinic is a place at which a difficult child gets careful, expert examination, and is a centre from which expert investigators inquire into his home and school life, so that the very beginnings of mental and temperamental trouble can be treated from the outset in the best way that science and humanity can devise.

Child Guidance work has developed as a result of the careful study and treatment given in mental clinics, schools for delinquents, and institutions for the feeble-minded. All that I saw bore out the conclusion which one would draw from these facts. Neither money nor brains are spared, either on the side

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of medical care, or training, or in rendering the individual content and happy—a condition which is now recognized as being of basic importance for improvement and maintenance of physical and mental health.

California is the best-known centre of sterilization work, as it has been the most successful. I will deal with it in the next chapter.

CHAPTER IV

California—A Successful Experiment

THERE are a number of prominent eugenisists in California, which is one of the great centres of scientific activity, not only of the United States, but of the world; in evidence of which it is sufficient to mention the astronomical station on Mount Wilson, and to refer to the discovery of cosmic rays by Millikan of Los Angeles; or the well-known work on analysis of intelligence and its inheritance, undertaken at Stanford University. There is a close alliance between the scientists and philanthropists of the State, and this has led to the formation of the Human Betterment Foundation, financed by Mr. E. S. Gosney, and devoted to scientific study of philanthropic work. The first task undertaken by this foundation was an intensive survey of the results of sterilization in the State, published in this country as well as in America.

On my visit to California in the autumn of 1928, this survey was well under way, and it made the task of learning what was really happening relatively easy, since all the centres of work were known, and Mr. Gosney and his investigator, Dr. Popenoe, supplied me with a number of introductions.

California was one of the early States to enact a law for eugenic sterilization, in 1909, passing amendments in 1913 and 1917. Like all the sterilization laws in the United States, it applies to institutions. The first act included inmates of State Hospitals and of the State Home for the Care and Training of the Feeble-minded, and convicts. The law was compulsory. The second bill provided for the consent of the parents or guardians in the case of feeble-minded patients. The third act included institutions not mentioned in the first, which had been founded later, and defines with greater care the hereditary nature of the mental diseases and defects regarded as warranting sterilization.

By 1928 about 6,000 cases had already been operated on during the nineteen years of the existence of the act, which was a much larger number than in any other State; indeed, a higher figure than the cases for all the other States put together. This would seem to nullify the statement made in the last chapter, based on the low figures for so many States which had had laws for a long time, that compulsion proves

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unworkable in practice and has prevented the proper carrying out of state laws. The explanation was readily discoverable on the spot—namely, that after the first two years the compulsory side of the measure was entirely disregarded, and the consent of the patient and his or her relatives became the prime condition for operation; further, criminals, as such, were rigidly excluded. This does not mean that no criminals received the operation; on the contrary, as great stress is laid in California on ascertaining the mental condition of criminals and delinquents as in Italy. When convicted persons are found to be suffering from mental defect or mental disease, they are, at the end of their sentence, transferred to the institution appropriate to their condition. There, should the trouble prove to be hereditary, they are offered the operation before discharge in the same way as any other patient. The same plan obtains in the Whittier School for delinquent boys.

I arrived at the largest Mental Hospital, Stockton, on what was, for California, a rather gloomy afternoon, in time to see two operations, on a woman and on a man, both performed by the Assistant Director, Dr. Margaret Smythe. I was accompanied by the Director of another institution, who was taking the opportunity of watching Dr. Smythe's work; for she has a great reputation in the States as a rapid and skilful surgeon, and practitioners will go a long way to learn her technique. I found her a most charming and sympathetic woman, obviously with a large reserve of strength of character, inviting the reliance of colleagues and patients alike. The Director was ill, but insisted that I should go and see him in his sickroom, and there I learned the secret of Californian success. He attributes this largely to Dr. Smythe. It was her insight which perceived that, although it might appear a slow and roundabout way, the kindly persuasion of each individual patient and their relatives to accept sterilization was the only means of making the operation what, in California, it has actually become. First and foremost, it is a means of rehabilitation of the patients themselves. They are made to realize that, however poor and feeble, they have a part to play for the good of mankind by voluntarily allying themselves with the endeavour to prevent inherited misery in the future. Secondly, this attitude also puts the right aspect of sterilization before the community; for it emphasizes the principle of individual responsibility in sex life and of individual responsibility in parenthood. And thirdly, it

gives the just balance between the rights of the individual in relation to the State and the responsibility which he bears as a citizen thereof, both for the present and for the inevitable results of his actions to future generations.

Before I left England I met the view, seriously expressed, that eugenic sterilization was mainly supported on grounds of economy, as if it grew from the idea that sick and insane people are a trouble and expense; it was said, If you sterilize them, very frequently you need not really trouble about their treatment, and can safely afford to leave them uncared for in the community without concern for their future. And so it was suggested that the conduct of mental hospitals in States undertaking sterilization would be rough and ready, and that expensive methods of cure and care would be left out. Stockton was a revelation in this regard. It is an old building, which the Director would have liked to see completely changed; but it was nevertheless adapted with great care, so as to be not only a scientifically planned mental hospital, but a truly home-like place. The whims and idiosyncrasies of every patient were being gratified as far as possible—one old lady kept birds, another had a wardrobe with many gaudy costumes, so that she could deck herself as Queen Elizabeth or Catherine the Great, whichever was her fancy for the day; a third had a painting outfit, and her room was hung with her productions, to be seen also in many of the wards to which she had presented them. In case histories the plan is adopted at Stockton of giving a full report of every examination and of every interview between doctor and patient, even of those for whom recovery and release are highly unlikely, so that each phase of the progress of any case is available for study. Here, as in every other institution which I saw, I was allowed free access to files, a privilege which I found valuable subsequently in estimating the amount of accurate data available for a survey on sterilization in California.

Something should be said about the general plan for treatment of the insane in California. It is closely linked up with the high development of psychological work. In the Schools, psychologists advise and train teachers. Difficult children are sent to Child Guidance Clinics. Psychologists are attached to those schools for delinquents which correspond to our Home Office Schools, and to the Juvenile Courts. A resident medical psychologist works full time in the Home for the Feeble-minded. Co-operation between hospitals, organizations for

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social work, and the Courts, brings in early cases with mental symptoms for treatment at Voluntary Clinics attached to the hospitals in the large centres; the preventive treatment is offered not only at the clinics, but also in Voluntary Homes. After-care is as completely and carefully thought out as the preventive side; and no patient is discharged from a Mental Hospital without being placed under the guidance of a trained social worker; in fact, the first release from hospital is on parole for two years, so that if the patient does not adjust under careful supervision, he or she is returned to the institution. Convalescent Homes form part of this system. These after-care workers are very engaging people: women with a University degree, and a further two years' special training. Their job is rather more than a whole-time one. It takes them all over this narrow, rugged, mountainous strip of country, with black patches of oil wells, inhabited by rough-necks, dotted along the coast; and with outlying ranches in the mountain valleys. Here, at that time, the roughest of immigrants from Mexico were coming in freely on "Tin Jinnies," to squat wherever they pleased; and hold-ups were of daily occurrence. The solitary social worker in her small car had need to be a self-reliant and courageous woman, taking risk and discomfort by day or night as part of the day's work. The State expects devotion and efficiency in these workers and gets it.

I saw other Mental Hospitals newly established, built on the villa system, in beautiful surroundings; while many were externally more attractive than Stockton, none was better equipped or more homelike. But everywhere the ideal of intimate concern for the individual, and patient co-operation with the family, was kept in view. Everywhere I found the staff whole-heartedly convinced of the value of sterilization and ready for the often somewhat laborious task of gaining consent.

I stayed at the Sonoma Home, the State institute for the feeble-minded, for some time. It is a large institution of scattered pavilions at the edge of the beautiful Valley of the Moon, and has several outlying farm colonies, which I was able to visit. The educational department was very thorough; training and occupation of every sort go on in the institution as a whole, and the patients, being attached for meals and sleeping to small independent blocks, form little families, each with their "home," in which a sense of responsibility for

their share of the work develops. The utmost possible freedom obtains, and little groups of boys and girls move to and fro from one set of buildings to another, joking and playing as readily with the staff as with each other.

The Sonoma Home was really a crucial point for my inquiries. I had always had at the back of my mind the question of what would be the effect on lads and girls of having an inkling that a sterilization operation was hanging over them: for, before I went to California, I could not imagine that a feeble-minded person, particularly if young, could, in any real sense, consent to an operation. So I asked the senior Woman Medical Officer, who most kindly took me everywhere, whether I might hear her explaining the operation to some girl and trying to persuade her to accept it. I was startled at her reply: "What do you mean? I never tell them about it." She went on to say that the operation had been so long the general practice that it had become a tradition. There was no secrecy about the matter; it was freely discussed, and everyone in the Institution knew that those who had done best with their work and were ready to go out usually had it; in fact, it was regarded as a kind of first-class award, and any who thought they were getting on particularly well would take a chance of asking the doctor "how soon they might have their operation." I was able to corroborate this attitude when I went to the Infirmary, where there were sterilization cases amongst the sick. They were, without exception, very proud of the operation, and each one who had had it was eager to inform me of the fact.

On going through the institution files, I was able to verify, from correspondence on different cases, the care with which the consent of the family was obtained (if relatives were to be found in the State). California is largely Roman Catholic, and therefore, in order to obtain really unequivocal consent, Spanish, French, and Mexican families were advised to consult the family priest. Possibly owing to Dominican influence, this system has worked admirably, and those favouring sterilization have had no cause to regret their frank attitude—though it should be remembered that my visit was two years before the Papal Encyclical of Christmas 1930, which bans sterilization save as a punitive measure.¹

The social workers, with whom I talked, told me that the

¹ The difference which this has made is theoretical rather than practical.

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question of persuasion is one often entailing an enormous amount of work. As is to be expected, the families of the defectives were, in many instances, ignorant, and themselves of low-grade intelligence, and required a great deal of patient explanation and instruction; the workers did not, however, seem to grudge this labour, realizing its ultimate value not only in securing an individual operation, but in giving ideas of social value to people with only a glimmering of what enlightened citizenship and parenthood means.

Much of importance might be added, but a brief summary must suffice.

Visits to patients who had been sterilized were necessary to complete the survey, and these I was able to make with the social workers. Amongst the recovered insane, many married women showed tremendous relief at being able to return to husband and family without the fear of increasing their work and responsibilities by the arrival of more children. Amongst feeble-minded girls, I saw two married after sterilization, typical of the higher and lower grades. Both were managing to keep their homes going happily—the high-grade girl had a beautiful little “jazz” flat in San Francisco; the low-grade girl was in a fairly neat wooden “shack” near to Los Angeles. Both had really learned something from their training. The high-grade girl said she wished she could have a baby, but knew she would not really want a child to face her own troubles and disabilities; the low-grade girl was frankly thankful not to be bothered with babies.

Independent mental specialists, Court Judges, Probation Officers, Police authorities, and women working on State Boards were interviewed, in addition to teachers and a few members of the general public, and everywhere the same satisfaction was expressed with the successful working of the sterilization system. There was no evidence, under the careful supervision obtaining, of any increase in sex-laxity; if anything, the social ideals of the community were rising. Reports published by agencies for philanthropic work showed a steady rise, both in financial support and in activity; so that while the State Office of Health (from which I obtained a report) emphasized the very considerable saving in relief expenditure due to the decreasing number of births of children, legitimate and illegitimate, requiring State support, this economy was not having any depressing influence on the philanthropic enthusiasm of the community.

The point where advance was frankly desired was an extension of the law which would enable private practitioners to perform operations for wealthy patients without their first being committed to an Institution, on the one hand, and, on the other, freedom to operate in cases of bad heredity, physical as well as mental.

CHAPTER V

Denmark

THE Danish Government is the first national government in Europe to have passed sterilization legislation. The measure affects chiefly the feeble-minded; consent for an operation is asked from the patient and guardians, with emphasis on the latter. Every case must be sanctioned both by the Minister of Health and the Minister of Justice. Clauses in the bill affect another category of patients—namely, those who have a strong sexual deviation, causing them repeatedly to commit outrages. It is provided that such persons may, during their sentence, ask for an operation for complete asexualization. Very little is known about this procedure in England, but mental specialists proposed to help such cases by operation more than fifty years ago in Switzerland. Thus the Danish Law is really based upon well-authenticated experience in Switzerland, extending over practically two generations. A careful study has just appeared showing considerable success amongst such cases in Denmark falling within the group of feeble-minded, or mentally subnormal. It is unnecessary to go into the matter here, as emphasis has already been laid on the fact that such an operation does not fall within the category of sterilization proper.

The demand for sterilization of mental defectives in Denmark came from the Director of the Brejning Institute, Dr. Keller, and his son. I was able to visit this Colony. It lies near the coast of Jutland, on a bay, and covers a large area of farm lands with beech woods overhanging low, rocky cliffs. The Brejning Institute was founded by this wealthy man, filled with pity for the miserable lot of those lacking in intelligence—including those pitiable cases (unknown to most of the general public) the absolutely helpless creatures who, all their life long, have not even the capacity to feed and dress themselves.

The founder's son was Director at the time of my visit, and from him and Dr. Wildenskow, who has since succeeded him, I heard the history of the Institution and of the ten-year struggle to secure the bill which had then just been passed. Careful study has been made of the families of a large number

of the inmates, and I was able to see many pedigrees showing inherited feeble-mindedness. The successful training at Brejning, as elsewhere, brought with it its own problems. The untrained feeble-minded, even the relatively high grades, are so obviously unattractive that, save for a case of illegitimacy here and there, it is rare for them to have offspring, and in the old days there was no question of their founding a family. At Brejning, as one group after another had acquired sufficient skill, they were placed in villages to work, thereby earning, at least in part, their living. The Assistant Director personally undertook supervision of these "paroled" cases. (Of course the success of the scheme depended largely on the judgment with which the responsible master or mistress was chosen.) A number succeeded, in so far as doing admirably well at their simple job was concerned; but periodical complaints were received from the villagers that they had become parents. The evidence from Brejning is of considerable importance. It is said that it is only the feeble-minded girl that is likely to become a parent. I had often wondered how far this might be due to the fact that the maternity of an illegitimate child is evident, while the paternity is not. Indeed, in California the social workers confessed that they had doubts on this point.

Dr. Wildenskow told me that the male as well as the female patients were at times involved in parenthood. The reason why Denmark has made this observation is explained by their communal enactments regarding the support of dependent children. The cost of an illegitimate dependent child has to be shared between the Communes from which the parents spring, therefore, all the neighbours feel practical interest in the paternity. More recently Dr. Wildenskow has corroborated the statement (made by other observers) that normal women show less inclination to accept subnormal partners than normal males.

This system again brings into view the question of bad sexual behaviour or a tendency to promiscuity among the feeble-minded, and the Danes have, with this constant neighbourly supervision, had no more difficulty than has been experienced in California in exacting a very reasonable standard of behaviour in these matters from patients on parole in employment: those few cases that are particularly difficult are returned to Institutional care.

I found other facts of some interest in Denmark—perhaps

not sufficiently widely recognized for the proper consideration of our whole problem ; namely, that sterilization was going on fairly widely amongst the well-to-do who could obtain an operation privately. As far as I have been able to learn, this statement may be made quite generally for every civilized country. It stands to reason that educated people, though not so much harassed as the poor by the arrival of a feeble-minded child, are more alarmed, and, with the greater foresight of the intelligent, feel a terrible concern for what will happen to the afflicted member when the parents are no longer there to care for him or her ; for some time it has been regarded as a wise "way out" to have a sterilization operation and wherever possible arrange for a marriage with a considerate mate, making proper private financial provision for the arrangement. It is also no new thing to believe that the tendency to insanity is passed on, and the most instructed have been the first to learn of the possibilities of sterilization and to seek it, when they have a strong family taint.

To return to the Danish law. It makes any sterilization operation illegal unless it has been sanctioned by the medical and judicial authorities. I found considerable misgiving in the more advanced of the medical profession as to how far this rather elaborate system of regularization might prevent the work they had previously been doing. However much the statutory authorizations are hedged about in regard to publicity, it tends to arouse fears in people's minds that the matter cannot be kept private. We have seen that this is no bar in California ; but that is owing to the laborious building up of a splendid tradition in which the voluntary acceptance of the operation is regarded as an honourable thing, and it may be some time before a public opinion in Denmark can be created, to work in the same direction with sufficient strength.

Sterilization has not been suggested in Denmark for criminals as such, excepting, of course, the castration operation above referred to, of which the primary object is explained to be therapeutic, and not eugenic. Criminals, however, do not fall completely out of the picture. The Danes are as well aware as anyone else of the degree to which the temperament and temperamental abnormalities, which readily lead to crime, are inherited. They have an original plan for habitual criminals and the criminal feeble-minded. A habitual criminal is a perpetual worry to himself, & recurring expense to the

State, and a permanent potential danger to the community. The Danish system is colonial segregation.

Of the numerous little rocky islands which form part of the State, two have been selected, one for men and one for women, well separated from the mainland by swift currents. Criminals are relegated to these colonies who have shown themselves definitely incurable. In these island homes all punishment ceases, and the groups live like little isolated republics. There is a minimum of supervision; and the whole work of the communities is done by the inhabitants. There is very little trouble, possibly owing to the relatively free system of life and the simple conditions with which such a small community, untouched by complications of civilized society, has to cope. Years ago the great Italian protagonist of mental therapy, G. C. Ferrari, started a scheme for sending away to South America criminals of low mentality after their sentences had been served. He felt that such individuals might be rehabilitated when far from towns, living under simple conditions. The Danish experience seems to bear out the justice of this assumption. One point must be mentioned which is alleged to be of great importance. Virtually this segregation is segregation for life. It is an optimistic view to assume that these cases are likely to alter after the very many failures which have caused them to come into the class of habitual criminals. Nevertheless, the importance of hope in maintaining life and decent living must not be forgotten. The Danish authorities believe that it would be quite impossible to maintain the relatively happy life, which is in fact achieved, if the colonists believed that they were there for life. Therefore they are all promised return to the mainland as a reward for prolonged good behaviour. This hope, however often deferred by outbreaks of misdemeanour, gives them the stimulus they need, and must be regarded as a prime factor in the success of the scheme. It will be clear that such prolonged segregation serves eugenic ends effectively.

CHAPTER VI

Switzerland

REFERENCE has been made to Switzerland as the seat of the beginning of sterilization. It comes as a surprise to many people; probably the fact that the work was done without special legislation until the Law in the Canton de Vaud of 1929 accounts for the general ignorance in other countries upon this matter. A hint reached me that sterilization was going on in Switzerland, and I took an opportunity to make inquiries in Geneva in 1929. I had an introduction to a psychiatrist with a wide private practice. To him I put a question: "How far is it possible and customary in Switzerland for medical practitioners to advise and secure sterilization for mental patients with bad family history?" The reply was a counter-question, prompted by incredulity that any competent psychiatrist would not make every endeavour to insist on this course. "Here," I was told, "patients tend to be guided by their medical adviser, and we neither expect nor have difficulty in this matter." I asked how widespread was the practice, and to this came the evasive reply that not all medical practitioners were equally well instructed or equally careful in regard to the treatment of their patients. That was enough. I came away realizing that sterilization was a fairly general practice in Switzerland.

The passing of a law in the Canton de Vaud received some notice in the Press in England, and when the British Ministry of Health appointed a Committee to examine the question of sterilization, it seemed important to get more detailed information from Switzerland. I visited Geneva, Lausanne (Canton de Vaud), Bâle, Wyll, and Zurich. The two last have made sterilization a normal part of preventive mental work for fifty and forty years respectively. The others may fairly be taken as representative of Switzerland as a whole; in them a considerable number of operations are performed, though the numbers have not yet reached the figures of the two Cantons with the longest record of the practice.

The history of the work is interesting. Because the point has been overlooked, it seems important to refer again to the fact that sterilization coincided with the first introduc-

tion of preventive mental treatment as characterized by the establishment of voluntary out-patient clinics and experiments in therapy of every kind—both that usually known as mental therapy and also physiological treatment. To-day this preventive therapeutic work has reached a very high pitch of development. Every mental hospital is equipped with a bacteriological (or pathological) laboratory, with facilities for water treatment, prolonged sleep, any helpful surgical or dental operations, and occupational therapy, graded to every kind of individual capacity.

This again shows that there is absolutely no foundation in fact for the widespread assumption that sterilization was introduced as a short cut or an economy in lieu of careful therapy.

When Forel brought every possible facet of medical treatment to bear on the problem of mental disease, he did not stop short at surgical help. Sterilization first came into the picture with women patients in whom each pregnancy aggravated their mental condition. This operation made it possible for such patients to return to normal married life, safeguarded from recurrent attacks brought on by pregnancy; the knowledge that they could not have another confinement relieved them of anxiety, and made intercourse once more natural and satisfactory (in itself regarded as a point of value in many mental cases), while the removal of fear had marked restorative effects. Fear in the more intelligent patients frequently also had a eugenic background. In addition to relief from anxiety in regard to her own health, the mother had a true mental release from what was to some an even more poignant dread.

Forel regarded sterilization in hereditary cases as the only conscientious and logical course under a truly conceived attempt at the prevention of mental disease and defect. His work was carried on by his successor at the Zurich Mental Hospital, Professor Bleuler, and is in turn being steadily extended by the present Director, Hans W. Maier. Maier has given a careful account of the work as it goes on to-day.

He lays stress on the opinion of the medical profession in Switzerland that eugenic sterilization, although undoubtedly of public concern, must be first and last a medical matter; for every single case presents a high degree of complexity. There is first and foremost the good of the individual patient, the effect on his present condition and his subsequent life.

There is secondly the condition of the family, this depending not only on family history in regard to transmissible disease and defect, but also on social status, economic position, and social outlook. He states clearly that it is rare for an operation to be purely eugenic or purely therapeutic; often it is both. And he lays stress on the social and economic status as presenting factors in the situation which cannot wisely be ignored. In a family in very poor circumstances with strong phthisical tendency the reason for sterilization of either parent becomes urgent on grounds of health owing to economic circumstances. For a wealthy family, where leisure and every kind of care can be afforded, if the stock is one showing outstanding qualities of mind and character, without which the world would be the poorer, there will be less mental conflict, and reasons for sterilization may be less obvious. Probably a phthisical family is the most difficult case to consider; conditions of hereditary blindness and deafness, on the other hand, present a more clear-cut problem. A highly intelligent family with such traits, where they have sufficient wealth, may feel it to be almost a duty to have several children, particularly if the condition is one which is passed on as a dominant factor (that is, a condition which always shows when it is present in the germ plasm, and where the unaffected members of the family cannot pass it on). For in such cases parents may feel that they can afford to give financial security for life to an affected child, and therefore may take the risk in order not to lose for posterity the good qualities which the unaffected members will pass on.

The legal position is interesting. In Switzerland, as elsewhere in Western civilization, any operation whatsoever is legal purely and solely because it is a means of health. It sometimes happens that a patient may bring an action against the surgeon for "injury" years after an operation; the surgeon is only protected where he can prove that the amputation or other operation was performed in good faith in the belief that health would be benefited. Thus the law in regard to operations is that they are only legal on therapeutic grounds. In Switzerland there has been a steadily growing enlightened extension of this term "therapy." As medicine becomes "preventive," so heredity, where it is a cause of the spread of any disease or defect, may lawfully be combated by surgical operation. The legal authorities throughout the Swiss cantons, in close co-operation with the medical

profession, have adopted this view, and sterilization operations in hereditary cases need no special enactment.

This corresponds to the position which now obtains in regard to termination of pregnancy (abortion) on medical grounds in practically every country making a claim to advanced status in medicine. In Switzerland grounds of heredity are regarded as valid for termination of pregnancy, just as much as for sterilization; with the common-sense proviso that where this operation is undertaken primarily for eugenic considerations, sterilization of one or other partner to the marriage is always added.

A careful system of safeguards is worked out which corresponds closely to those which surgeons here have voluntarily adopted for interruption of pregnancy. The medical man in question sends a patient for examination by two specialists: (a) the specialist working for the cantonal Health Authority in the particular condition in question, *i.e.* the ophthalmologist, tuberculosis officer, etc.; (b) the cantonal psychiatrist. The report of this latter is naturally required, in diagnosis of mental disease, but he is equally required to report on all other cases, as to whether a sterilization operation might be anticipated as having harmful mental consequences. To these certificates is added a signed request by the patient desiring the operation. These documents are kept for ten years, in case they might be required for Court action. No action can be brought after that period.

It will be seen that this procedure constitutes a safeguard, on the one hand against faulty diagnoses and on the other against the operation being sought for convenience without due medical grounds. It is now very rare for an individual to seek sterilization on trivial grounds, but requests from the Communes for sterilization of dependent persons come in from time to time. An example of those rejected would be the case of the unmarried mother, for the support of whose children the Commune is responsible, but who is not a mental case. For motherhood in the unmarried may be due neither to mental defect nor to "moral imbecility," when a girl has the misfortune to fall a prey to undue pressure or undue temptation.

CHAPTER VII

Germany and other Countries

THE situation in Germany is intermediate between that in Switzerland and England. German medical men have hitherto in the main interpreted the law in their own country as too ambiguous to warrant sterilization on eugenic grounds. Medicine in Germany is, however, anything but conservative, and any new treatment is enthusiastically hailed. This has been the case with sterilization by X-rays. X-Ray treatment of the ovaries has been very commonly practised amongst upper-class and middle-class women. The operation is cheap in Germany as compared with its cost in this country.

How far sterilizations in Germany up to now have been truly eugenic it is difficult to say. Eugenic studies there date back almost to the beginnings of the movement, and have been very thorough; and it is perhaps worth while mentioning in particular that our knowledge of the hereditary nature of certain mental diseases, including epilepsy, is based wholly on the wide Family Surveys emanating from the Psychiatric Institute in Munich.

For a considerable time German Eugenists have advocated sterilization, and two years before Hitler's access to power the Health Ministries in various states had prepared a bill for eugenic sterilization.

In a treatise on General Aspects of Eugenic Questions by one of the foremost German investigators, it is stated that the Eugenic Law promulgated in July 1933, and brought into operation on January 1st, 1934, is identical with the draft prepared by the Health Ministries of certain states, save for clauses including the power of compulsion.

The following diseases are listed as hereditary :—

1. Inborn mental deficiency.
2. Schizophrenia.
3. Manic-depressive insanity.
4. Hereditary epilepsy.
5. Hereditary (Huntington's) chorea.
6. Hereditary blindness.
7. Hereditary deafness.
8. Severe hereditary physical abnormality.

Further, persons may be sterilized who suffer from severe alcoholism.

Application may be made by the patient (or in the case of the feeble-minded by the Court for the protection of Wards acting as guardian for the individual, or his statutory guardians), and must be accompanied by a declaration by a medical man belonging to a panel approved by the State.

In the case of patients in Institutions, application may be made by the director of the Institution; these are hospitals, sanatoria, nursing homes, and prisons and schools.

There is elaborate provision for the formation of local Eugenic Boards, under supervisory Courts, consisting of medical and legal men with powers to secure relevant information in regard to the patient and his family, including expert advice and, where desirable, examination by specialists; and, in preparation for these tasks, courses have been conducted in Human Heredity, with the object of preparing suitable medical men for the tasks that await them. The decision of the Board must be given in writing, with reasons stated, to the applicant, and to the patient (where the applicant and the patient are not the same person), or to the patient's legal representative and the official doctor.

An application may be withdrawn, or, where the Board's decision has the nature of a compulsory order, appeal may be made within a month to higher courts. The operation may only be undertaken by a doctor approved by the State, who must not be the practitioner making the application, nor one taking part in the procedure preceding the authorization. It will normally take place in a hospital, and a detailed written report must be given by the surgeon to the official doctor.

Judicial costs would be borne by the State Treasury; the costs of the operation by the Health Insurance Fund for insured persons, or by Relief Associations for those who are on public assistance. The State Treasury will bear the expense up to the minimum legal medical tariff for public hospitals, while any further expenses, for people able to afford them and incurring them, will be borne by the patient.

Sterilizations will no longer be admissible which fall outside these enactments, save those therapeutically necessary.

Strict privacy is enjoined, any infringement of which is punishable with a year's imprisonment or comparable fine.

In the *Deutsche Medizinische Wochenschrift*, Vol. 59, No. 33,

an article appeared giving the interpretation which the above enactments should bear. Two points in this are of interest; first, in regard to the inclusion of prisons amongst the institutions whose directors are responsible for ascertaining hereditary cases, it should be noted that the types of hereditary diseases mentioned above are the only ones that apply. Criminals, even habitual criminals, in whom there may be, according to our present knowledge, strong presumption that their misdemeanours were the result of inherited tendencies, do not fall within the provisions, either voluntary or compulsory. Much stress was also laid in this interpretative article on the fact that no sterilizations whatsoever will be possible in Germany now, save for persons suffering from these diseases; the emphasis laid on this point showed clearly that sterilizations had been going on privately to a considerable extent on other grounds.

One other point of great scientific interest must be mentioned—namely, that under the German Law there seems to be no possibility of including persons of unsound stock who are not themselves suffering from disease..

I have mentioned some eugenic sterilization as going on in Germany before January 1st, 1934; approximate data could only be obtained by elaborate research, as the work has been private. There are two regions in which sterilizations were undertaken for the poor with sufficient frequency to be worth mentioning. In one part of Saxony a private practitioner, who had elaborated a sterilization law referred to as "*lex saxonica*," performed a number of operations partly eugenic, partly motivated by the very bad economic circumstances of the families concerned; I have been told that his cases were mostly males. The work aroused some protest, but he was not imprisoned.

The work of Dr. Fetscher is more interesting from the eugenic point of view. He has, in fact, the credit of having elaborated as a pioneer a co-ordinated plan of preventive medicine. He developed clinics for family and marital advice, and included sterilizations in the attempt to grapple with fundamental causes. He has published an analysis of sixty-two cases. On one occasion he was threatened with legal proceedings; but these never eventuated as the judge to whom the case fell ascertained early on that therapeutic as well as eugenic considerations were present.

It is perhaps most convenient to mention here fairly well-

known work done in Austria in sterilizing males mainly on economic grounds. A somewhat lengthy trial at Gratz has called attention to these numerous cases of operation. The physician operating was acquitted. I have no detailed information of other work in Austria.

Eugenists the world over are eager to know the practical results of the German eugenic law. For these obviously we must wait, but I have, by the courtesy of the Medical Section of the Ministry of the Interior for the Reich, obtained data for a few areas covering the first three months during which the law has been in operation. A few general observations I made on a visit to Berlin. The most encouraging fact is that the general conduct of the eugenic law is in the hands of a small group of outstanding eugenists, to whom reference has already been made as leaders in eugenic thought for the world.

On the other hand, Germany is at this moment a victim of her own finest qualities. I allude to her characteristic thoroughness. Eugenics on January 1st, 1934, became part of State medicine or Public Health on the preventive side. Every State and every locality had simultaneously to begin the work of ascertaining patients of hereditary type and dealing with them. This meant setting up in every local area a Eugenic Board; these being co-ordinated by supervisory bodies, in their turn related to the Eugenic Court for the State. There were only six months in which to prepare sufficient men for this work, for the country had not a large enough number of well-trained eugenists to serve. Despite intensive courses of instruction there is admittedly a wide discrepancy between different regions in regard to the ability of those entrusted with this work to deal with it scientifically.

The principles are, however, those which would generally be approved. The boards are working slowly and carefully, and the supervisory bodies are conservative in their authorizations to the extent in some areas of rejecting 50 per cent. of the cases originally sent in. While some critics suggest that the adoption of compulsion is inhibiting patients from consulting a medical man, the general attitude seems to be one of approval, except in the case of those who have conscientious objections to sterilization. After all, Germans, whatever their party or creed, are passionately eager for a German renaissance, and the attempt to rid the nation of hereditary diseases and defects meets with whole-hearted

support. The public sentiment appears to resemble that built up slowly in California; there is an enhancement of the self-respect of victims of bad heredity, when called on to make personal sacrifice for the common good and for the future. This is shown in the relatively small numbers appealing to a higher Court against decision for their sterilization by the local boards.

The magnitude of the problem readily appears in the figures for Prussia. It covers roughly forty millions of the population. There is a Court of Wards and a sterilization board for every half million, and this region has eighteen supervisory Courts for the hearing of appeals.

In Thuringia, with a population of about six millions, a Committee has been set up for about every ninety thousand inhabitants, and the figures for one of these showed that 120 cases had been notified by the Public Health Officer. Names would be sent in to him from the schools, hospitals, insurance practitioners, and private practitioners. In every case the family conditions had been carefully studied; sixty cases are authorized for operation, forty cases have already been sterilized and 8 per cent. are appealing to the higher Court.

The province of Baden, for which it has been possible to secure relatively complete figures, has a population of approximately two and a half million.

The figures collected are from the period January 1st to March 20th, 1934.

1. On this latter date there were before the Eugenic Boards 1,054 cases notified (*Anträge*).

2. On this date the Boards had decreed the operation for 373 cases.

3. Cases up to this date appealing against operation to the superior court: 8 (*Erbgesundheitsobergericht*).

4. Sterilizations to this date carried through in accordance with the decision of the Eugenic Courts: 26.

(These were: 9 schizophrenia, 11 feeble-minded, 4 epilepsy, 2 periodic insanity (*zirkuläres Irresein*).

Notifications reaching the regional physicians and ascertained by them, including cases occurring in hospitals and institutions, total 6,513. This figure does not include cases outside public institutions, or at work.

A few more facts should be mentioned to make this survey inclusive. Two regions in the British Empire have steriliza-

tion laws, the Canadian Provinces of Alberta and British Columbia. Alberta passed a law in 1928 which refers to patients whom it is proposed to discharge from Mental Hospitals, in which group are included the feeble-minded. The operation is only to be performed with the consent of the patient, or, in the case of the feeble-minded, with that of the spouse or statutory guardian (where neither is found in the Province, authorization from the Minister of Health must be secured). Close inquiries have been made into the working of the Act, and so far as these are valid in view of the short period of its existence, the results are entirely satisfactory. In particular, the authorities in Alberta regard with satisfaction the subsequent social behaviour of the feeble-minded after sterilization—experience confirming results ascertained in California.

British Columbia passed a similar law in 1933.

In Ontario operations for poor persons are being procured under philanthropic auspices in some areas, where there has been much suffering in recent years, agricultural and economic alike.

Sweden has done a considerable amount of careful preparatory work, with the object of introducing eugenic sterilization. That country has long had a State Institute for Race Biology. A Committee was appointed before 1928 to examine the data on human heredity and the possibilities and probable value of utilizing sterilization, and a bill, several times revised, based on their investigations, is before the Swedish Parliament.

The Eugenic Committee of Norway have recently drafted a measure which they have laid before their House of Representatives.¹

Finland also has a bill before the Riksdag.

I want to make clear to readers that the information given in this outline must be regarded as incomplete; it is impossible, without elaborate investigations on the spot, to know how much work really goes on.

When, for example, I visited the Psychopathic Hospital in Denver (Colorado), the director told me that he secured sterilization for numbers of his patients, and hoped to continue to do so unhindered until a workable measure should be passed. Another instance of practice preceding legislation

¹ This measure was passed by the Storting without discussion in May, 1934.

was obtained in Louisiana, which, like California, has a large population of Latin extraction. I saw two Homes for Feeble minded girls, one private, one under the local authority; in both, girls sufficiently trained and socialized to be placed outside the Institution usually underwent an operation.

Philadelphia furnishes another example of pre-legislative work. In more than one large Institution not only are patients frequently persuaded to have an operation, but ~~this~~ fact, with studies of the results obtained, has been regularly published.

CHAPTER VIII

Sterilization in England

SOME reference has been made in earlier chapters to the fact that sterilization on grounds of heredity has been going on quietly in England for a considerable period. Anyone known to be interested in eugenics has had personal experience of such cases; thoughtful people both before and after marriage, when they become aware of faulty heredity in either of the families concerned, try to get information and seek advice. It has usually been possible to put them in touch with a good surgeon, so long as they were in a position to pay for treatment.

Of recent years, in a few centres, arrangements have been made for giving this help to poor families. The reasons have not always been purely eugenic; that is not, however, any reason for not including such sterilizations under the heading of eugenic operations. Even if primarily undertaken for eugenic reasons, sterilization will have the effect of improving the economic position of the family, by preventing the burden of further children.

The first centre for work amongst the poor which I shall mention deals with these complex problems. The voluntary Birth Control clinic in Birmingham has, for some years, published in the Annual Report a certain number of cases sterilized. Those managing the clinic are careful and scientific in their methods; each woman seeking advice is first encouraged to give as complete an account as possible of her family conditions and her circumstances. When these reveal some bad constitutional defect, or when she has already a number of children and addition to the family will accentuate the difficulties of decent living—she is told frankly that birth control will not give her the certain protection from child-bearing which she needs. The best methods to-day cannot guarantee absolutely prevention of conception. A sterilization operation is offered. Such women almost invariably are only too thankful to face a major operation and a fortnight in hospital rather than take the risk of another pregnancy. In the experience of this clinic it is rare to find a woman for whom there are not valid therapeutic grounds for operation, quite apart from eugenic reasons.

I know of one other centre in which quasi-therapeutic sterilizations are undertaken—namely, in one of the Eastern counties, where after-care of mental patients is being developed. In that area married persons, before returning to their homes after treatment, are offered information on contraception, and in certain cases sterilization is undertaken.

A purely eugenic case is reported from a County General Hospital in the South. There a woman requested salpingectomy on the grounds that she had had two imbecile children, her first and second. Although she and her husband were apparently normal, it was feared that a recessive defect had caused this tragedy. The case was accepted. Whether or not others have followed, I do not know.

Another centre is Leicester. Two well-known practitioners in that city have long been interested in eugenics, and have been steadily educating public opinion in the neighbourhood.

In Leicestershire the National Health Insurance Committee has interpreted the positive side of its work—that is, prevention of disease—as including the welfare of the next generation. The machinery developed has been the formation of a Eugenic Services Sub-Committee of the Health Insurance Committee. This has, in the first place, stimulated education in biology and heredity. On the practical side, insurance practitioners have been offered information on heredity in regard to any cases of contemplated marriage which come under their notice; the insured persons of the area have also been encouraged to make inquiries about their own families, if they feel doubtful as to the desirability of parenthood on eugenic grounds. No cases have come forward for sterilization in the county itself, but a small number have had the operation in the city, where a little hospital, independently financed, has been available for such patients. The cases are usually from the Institution for the Blind. Voluntary institutions of this type are well known, but it may be recalled that they are quite outside the old Poor Law and the present arrangements for Public Assistance. The trained blind can earn their living wholly or partially, working daily in the Institution, but they cannot earn enough to support a family, and until recently the married couples necessarily came under the Poor Law, and automatically left the Institution. When, through the activity of the County Health Insurance Committee, experience of sterilization in America became fairly widely known, a new era opened. A young couple announced

to the authorities of the Institution that they desired to get married, and were reminded that their work in the Institution would cease, and they would then need public assistance. The matter was taken up privately by a member of the Eugenic Services Sub-Committee, and the question was put to the institution authorities whether, if one partner to the marriage accepted sterilization, the pair would be allowed to continue their work. Sanction was given for the hypothetical case. The possibility of an operation was suggested to the couple concerned, and the man said that as a vasectomy was so much easier for him than the operation on the woman, he would be very grateful to accept it. Everything went through successfully, and the couple began to live in their little joint home, continuing to support themselves by their work in the Institution. Another couple soon came forward. I give below the cases which have occurred up to the present in Leicester :—

“ Illustrative Cases of Sterilization for Eugenic Reasons

1. (W. I.) Man, age 25, suffering from congenital partial blindness and deafness; he wishes to marry a girl, age 24, also partially blind and deaf.

The man was vasectomized at his own request, and with the consent of the partner, and the couple are now married. A recent report received is satisfactory as to health and sex life.

2. (E. Y.) A girl, age 24, partially blind, one of a family of thirteen children, of whom three sisters are partially blind, and two mentally defective.

The girl has had one child by the young man who now wishes to marry her, who is himself partially blind.

Salpingectomy was performed March 1931.

Recent report satisfactory.

3. (L. P.) Man, aged 23, nearly blind (congenital cataract), normal relations, wishes to marry a girl (E. B.) aged 25, totally blind from infancy.

Man vasectomized May 1932.

Report as regards married life satisfactory, but the wife is neurotic.

4. Woman, aged 41, a widow, partially blind, married to a man, H., totally blind from retinitis, with a history of hereditary blindness in his family. The woman became pregnant and asked for abortion to be performed.

After the natural termination of the pregnancy and the birth of a child, the husband was vasectomized at his own request, and with the consent of his wife, in August 1932. The husband himself (F. H.) has one brother and one sister, both totally blind.

5. Girl, aged 22, subject to idiopathic epilepsy, wishes to marry.

Salpingectomy performed at her own request and with the consent of the partner, August 1932."

"These cases show that it is possible to readily obtain the consent to sterilization of individuals who, on eugenic grounds, or because of their dependence on State support, feel that they ought not to beget offspring and who yet desire to marry."

"6. In a sixth case, a man (I. H.) aged 35, the subject of a congenital syndactylism of both hands and a deformity of both legs, married; five children, the youngest a daughter with a similar congenital deformity. This man was anxious to have no more, possibly defective, children. Application was made on the man's behalf for admission to two London Hospitals, without success, he was admitted to a paying hospital in Leicester, and sterilized (vasectomy) by a sympathetic surgeon in 1931, and both the man and his wife are very grateful for the mental relief thus afforded."

This case of hereditary bodily deformity is on rather a different footing from the others, "but it serves to emphasize the difficulty which persons in poor circumstances experience at the present time in obtaining facilities to enable them to undergo voluntary sterilization. If such changes in the law were made as may be necessary to place voluntary sterilization for eugenic reasons on a legalized basis, not only would the poor be able to obtain facilities for the operation, the surgeon would be relieved of the stigma and risk of undertaking what many persons consider to be an illegal operation, and voluntary hospitals would also be enabled to provide beds for poor patients without the risk of alienating their subscribers."

CHAPTER IX

The Future : A Plan

SO much for what is actually going on according to what I have gleaned.

Interest in sterilization in England is growing rapidly, owing to the action of the Ministry of Health, which, in response to a widespread demand from those bodies interested in national well-being, approved the appointment of a Committee in 1932 to report on the known facts relating to the hereditary transmission of mental defects and mental disorders; and to sterilization, in regard to its effect both on the bodily and mental condition of the individual and its social results. A Committee of eight was appointed by the Chairman of the Board of Control consisting of specialists with an intimate knowledge of problems of feeble-mindedness and insanity in England. They secured information from all those countries in which sterilization is practised. Further, they made a study of the most recent investigations into hereditary insanity and hereditary feeble-mindedness carried out in other countries. They also secured a study of the children born to feeble-minded parents. They took evidence from sixty witnesses; their report was unanimous. They recommend that voluntary sterilization on grounds of heredity should be legalized, not only for mentally defective persons and those who have suffered from mental disease; but also for persons likely to transmit a grave disability, physical or mental. As this matter is vital for English readers, I reproduce here sections of the summary prepared on behalf of the Committee for the Press when the report appeared :—

“The Committee came to their conclusions after making careful inquiries into the causation of mental defect and mental disorder, and after considering a number of reports obtained from British, American, and Continental sources. Of sixty witnesses (including representatives of the Royal Colleges of Physicians and Surgeons, biologists, geneticists, psychiatrists, and social workers) who appeared before the Committee, nearly all were agreed in principle as to the desirability of legalizing voluntary sterilization and as to the undesirability of permitting mental defectives and persons

who are liable to recurrent attacks of insanity to become parents. The Committee received much evidence as to the unsatisfactory environment which so often obtains where the parents are mentally abnormal. There was a general agreement among the witnesses that such persons, quite apart from the risk of their weakness being transmitted to their children, are hopelessly incompetent as parents. . . .

"The Committee find that inheritance plays a large part in the causation of mental defect. . . . The Committee find that in not less than 80 per cent. of the cases of mental defect, inheritance is a contributory factor, though in many instances unfavourable environment has also been a factor.

"In the case of mental disorders, which the public are apt to lump together under some comprehensive term such as 'lunacy' or 'insanity,' though there are really a number of entirely distinct forms of mental illness, the Committee again find that inheritance plays a large part in their causation. . . . The Committee draw attention to the singular fact that different types of mental abnormality are found to occur in the same family. The weakness appears to be transmitted but it may show itself in a variety of forms.

"The Committee draw attention to an inquiry instituted by them which is of great importance. . . . Instead of asking what kind of parents the defectives had, they have asked what their children were like. This inquiry into the offspring of known mental defectives has produced startling results. Of 1,800 children of mental defectives between seven and thirteen years of age, 40 per cent. have been found to be mentally subnormal; and of 1,850 children over thirteen years of age, 45 per cent. have been found to be mentally subnormal. The Committee stress the importance of these figures; when it is remembered that of the mentally defective parents under review nearly one quarter of their children had died, and that the percentages quoted apply only to the survivors, the figures indicate an urgent problem calling for some practical preventive measure.

"The Committee's report, which is unanimous, was presented to Parliament on January 18th, 1934. The Committee's task was to report on the present state of knowledge of the causes of mental defect and disorder, and to examine the case on scientific grounds for sterilization. After a long and detailed inquiry they recommend that voluntary sterilization should be legalized in the case of any person who (a) is

mentally defective or (b) has suffered from mental disorder or (c) is likely to transmit either incapacity; and (d) any person who suffers from a grave physical disability or is likely to transmit it. The Committee pronounce against compulsory sterilization; they are of opinion that on scientific grounds a case for sterilization as a compulsory measure cannot be sustained, and that it is undesirable on administrative grounds.

"In their detailed proposals as to procedure they suggest, therefore, that recommendations for sterilization should be approved by two medical practitioners, one of whom should be the family doctor and the other a doctor on a list approved by the Minister of Health. . . . They recommend the appointment of a small advisory committee (consisting partly of doctors and partly of geneticists) to whom the Minister of Health could refer doubtful cases. The Committee record strongly their view that sterilizing operations should not be performed in any mental hospital or mental deficiency institution. It is important to avoid the impression that sterilization is in any way connected with residence in an institution. In the case of persons who have suffered from mental disorder, it is recommended that the operation should not be permitted until a competent psychiatrist had reported that in his opinion no injurious results would be likely to follow the operation. The Committee find no evidence in support of the suggestion that sterilization in the case of either normal people or defectives is likely to be followed by any mental or physical deterioration."

In all cases where a patient is capable of giving consent, that consent is required in writing. In the event of the doctor not being satisfied that the patient can give this with full understanding, the full consent of the parent or guardian is required.

I should like to comment on this Report in the light of facts and experience which have been briefly surveyed in the foregoing chapters. The provision that sterilization operations should take place only in General Hospitals or other centres for medical treatment will be of great value. It will prevent any feeling of uncertainty when a patient is sent to a Home for the Feeble-minded or to a Mental Hospital, that such commitment in itself constitutes a step towards sterilization. Training and treatment are, by this provision, kept quite separate from any subsequent eugenic measure which

the patient may come to regard as the right course in his or her case.

The recommendations also make provision for safeguards. This term covers widely different meanings. In the case of merely permissive laws which put no pressure or obligation on anyone to be sterilized, there is no question of safeguarding the patient from compulsion; on the other hand, safeguards may be envisaged as concerning the nation. It is a national loss when a person of sound healthy stock, and particularly a person of highly gifted stock, dies without leaving children to carry on the family. We know from experience that where there are no regulations in regard to sterilization this does, in fact, occasionally happen; for reasons of work or if the financial outlook is bad (to instance two of many cases), sound, healthy persons may seek for sterilization. A type of case is frequently encountered in the United States where the wife has bad health or hereditary disease and the husband, normal and of sound stock, in a chivalrous desire to save her from a major operation, seeks sterilization for himself. If the wife should die and the man marry again, there is very little chance of reversing the operation, and fine racial material is wiped out. However, such safeguards equally protect individual interests. A young couple may at first have no desire for children, and look to sterilization as a permanent means of birth control; the parental instinct may, however, become insistent later on (often in the early thirties), and those very people who obtained, at considerable cost, a sterilization operation, may find themselves desiring children above everything else in life. In Switzerland this condition has been encountered repeatedly. Legalizing eugenic sterilization makes a bar against the sterilization of normal people and is a wise and foreseeing provision.

Taken as a whole, this Report would be regarded by scientists as the best-grounded and most comprehensive proposal for eugenic legislation made as yet in any country. Every aspect of the question has been considered: the social aspects have been brought out first and foremost in the voluntary nature of the proposals, for the voluntary system relies on the sense of responsibility of the individual and the community; and this sense of responsibility is backed up by the parental instinct protective of the unborn child; the safeguards should bring home to people the fact that they inherit what is good as strongly as what is bad, and force them to consider on what

grounds they base the right to let this good die out with them.

On the scientific side it is important to note that the proposals of the Brock Committee are the first to give practical expression to the well-known facts of recessive inheritance. Where sterilization is only allowed to persons suffering from a given disability, there is no means of preventing certain insidious taints from spreading in the community; the inclusion of transmission enables tainted families, without the tremendous sacrifice of individual renunciation of marriage, to avoid spreading and multiplying the troubles attached to previous generations.

Every law hitherto described makes a list of conditions which may be regarded as hereditary. This is not soundly scientific. The Brock Committee, with foresight, realizes that each year gives to Man fresh knowledge in regard to human genetics. Therefore no list of special conditions is given, but simply the broad description of a transmissible disability, physical or mental. The future will not be hampered by the ignorance of the past.

CHAPTER X

Social Ideals and the Idea of Progress

EVERY extension of knowledge, and every change in custom which such extension of knowledge brings, is certain to have some repercussion on social ideals. Changes in these, on the other hand, are an impetus to further study, which again reacts on ideals and customs.

These movements are often too subtle to be easily recognized except where they touch sex-life, particularly procreation. Birth control is a case in point. Birth control and sterilization alike have led to a new view of the value of marriage. When it becomes possible to marry without having children, it has been realized that the affectionate union for "mutual help and comfort" is a desirable state in and for itself. Further, we realize more clearly than formerly that the purely parental instinct is so strong that individuals deprived of children may suffer quite truly; they may, however, suffer less if they have at least that fulness of life which a good marriage brings. From the racial as against the individual aspect, where sterilization is possible, there is a deepening of the sense of civic responsibility in two directions. So long as people feel that, once married, children are an inevitable consequence, they tend to lose their feeling of responsibility for them, and this is one reason for the high birth-rate obtaining to-day amongst the very ignorant, in contrast to the strictly limited families of the thoughtful and responsible artisan class, who reflect for how many children they can provide really good opportunities by their own efforts. Moreover, those who feel parental responsibility incline more and more to think of the innate endowment which they jointly bring to their children, as well as of the environment which they can give them. On the other hand, there is the responsibility towards the community. If a large family is just a misfortune for which the parents are in no way responsible, they may, with utter complacency, look to their neighbours to bring them up, and the neighbours undertake the task with resignation. This dual attitude gradually and naturally disappears when means are to hand by which the size of the family becomes a question of will and control.

At this point, something should be said about the view of those who think that abstinence in marriage is the only

right expression of this will and control. One may take the point of view of respecting this as a lofty ideal, not withholding admiration for the truly heroic life lived on such a plane; but biological knowledge shows that such an attitude may lead to actual illness and damage to health. For truly loving mates there is the ever-present physiological stimulus to normal married intercourse, and the denial of this produces tension, which reacts inevitably on mental and physical health. Further, it should be noted that behind such a point of view as an ideal lies the assumption that normal, natural physiological occurrences are degrading in some way; it is not wholly novel to deny this, for there are, and long have been, many keenly religious people who would express their belief in the terms that the whole of creation, both material and spiritual, is one, and that material creation, once pronounced good, remains good—that the more abundant use of life, with high and unselfish purpose, is the ideal to which Christians are called. From the scientific point of view, couched in biological terms, this is the obvious ideal.

Experience in sterilization work in Switzerland, as elsewhere, has demonstrated the fact that increased knowledge has actually led to an increased sense of responsibility. There, as in California, the cases which have been kept under careful observation over a period now covering two generations show a tendency to better sexual life, and not the expected relaxation of moral standards. Even the feeble-minded after sterilization, with common-sense treatment, present no increased problem in the matter of promiscuity and venereal disease.

In regard to families tainted with insanity, mental therapists in our country feared the result of sterilization, because of the stress thereby laid on heredity. Where the practice is adopted, such stress is inevitable; it is natural to fear that emphasis on heredity may induce a fatalistic outlook in individual patients which will militate against recovery. But careful inquiries amongst psychiatrists, both in the United States and Switzerland, dispel this apprehension. First, there is really no antagonism between the hereditary nature of a disease and its cure. A patient with hereditary cataract can to-day by operation or treatment recover his sight; but this treatment makes absolutely no difference to the transmission of the trouble.

Mental illness inevitably entails suffering, and, in some forms,

very acute mental suffering. In a family tainted with hereditary insanity or epilepsy, the patient has truly to be informed that he is no more and no less amenable to treatment because his condition has been transmitted, than if it were accidental; and he may look forward to cure just in the degree which the nature of his disease and his conscientious conformity to prescribed treatment allow. On the other hand, the fact that he may be prevented from ever having a very severe attack in no way removes the dangers to his descendants. Sterilization gives him a free individual life, unhampered by conscientious scruples or anxiety. It should be added that now that psychologists realize more fully the far-reaching power of the unconscious mind, sterilization is actually observed to have, in many cases, a deeper effect than appears superficially. However much a medical adviser may try to uphold the fiction (where sterilization is not available) that there is nothing in heredity, cases which are not the sole members in their family to be affected are likely to suffer from this unconscious fear in marriage.

It is striking to find amongst enthusiastic eugenisists numerous persons with tainted family histories. Such people find in positive eugenic work a release from their fears. Heredity used to be to them a secret source of fear, but now the fear has been converted into a sense of power.

Maier, pleading in his Survey of Swiss work for freedom for the medical man to act unhampered by legislation and regulations, brings out another point of considerable interest; which, incidentally, stresses all the various tendencies of character and temperament so intimately affecting the condition of the individual. He points out some hereditary cases in which sterilization might cause damage—not because of any harmful physiological results, and not because of the supposed fatalistic despondency which has just been dealt with. He instances, as an imaginary case, an unmarried woman, subjected to sterilization on account of some hereditary condition, despite the fact that she was a person of strong character and conscientious ideals. Such a person might feel hurt and resentful if treated as though society regarded her as needing protection from the results of promiscuity, when any such act would be wholly alien to her character and previous life. This is what Maier means when he speaks of "psychic trauma" resulting from sterilization.

This side of the subject would be incomplete without some

further consideration of the results on the instinctive emotional make-up in the region of the unconscious and conscious psychic life alike. Parental instinct was mentioned earlier in the chapter, and there is evidence that parental instinct has sometimes to be taken into account as a separate factor, and not merely as a part of the sexual urge (as a desire for love and marriage is technically termed). Personal disharmony may easily arise unless some outlet for this strong instinct can be found. It is interesting to find how strong is the parental desire amongst the feeble-minded. They cannot give expression to it usually in the self-conscious way of a normal, intelligent person, but over and over again it shows itself. The feeble-minded are mentioned here, not because the urge is less with other sufferers (except in some phases of mental disease), but because it is peculiarly striking in their case. Whether feeble-mindedness is regarded as hereditary or not, any concern for the early life and upbringing of a child must result in the attempt to protect any children in the community from the disabilities, even positive miseries, of being brought up by a feeble-minded parent. To a certain extent, experience tends to show that this very love of children can be sublimated where it is enlisted as the main reason for sterilization; and it is not an absurdity to believe that the sterilized patient will have the sense of starvation relieved by the constant reflection that they have voluntarily taken the step of sacrificing their own desire out of love for the children they might have had.

The bearing of the foregoing paragraphs will be seen on the important question of judging the relative merits of making sterilization a purely voluntary issue, or a matter of compulsion.

I should like, in conclusion, to set sterilization in the framework of its relation to human ideals. As I suggested before, it is a mistake to consider human activity purely logically and theoretically, for only from actual experience can we truly judge the effects on Man of any form of society or the results of any particular idea.

Dean Inge, amongst other writers, has pointed out that the conception of progress, especially human progress, is something new; but it is Inge who has also made clear that the Man-in-the-Street is apt to turn this idea of progress into a new superstition, and believe that movement in the direction he desires is automatic, despite the evidence of history which

shows the collapse of one civilization after another. There is no space here to analyze what we mean by progress, and each reader must think that out for himself; indeed, it is a conception always tinged by the individual outlook. It is, however, vital for thinking people to realize that progress is not automatic, and that it depends both on the nature of man and the way in which he directs his activities. Another point should be remembered—namely, that the more Man controls his own environment—in other words, the more he frees himself from natural selection (the so-called blind evolutionary forces of Nature)—the more dangerous is his position. We have now reached the stage in which human mistakes are fatal in proportion to our powers, and will lead the more rapidly to their inevitable consequences in proportion to how widely they are adopted. It is not at all unlikely that by our own activity, public and individual, we may destroy the most highly evolved part of the human race—Man himself, in all the qualities which make him most human and most widely separated from his mammalian relatives.

Sterilization is a very potent instrument, powerful in proportion to the ease with which it can be applied. Like every powerful instrument, it has its dangers, and I suggest that it will be an instrument of progress in proportion to the humility with which it is used. By humility, I mean the attitude of mind which never loses touch with the sense of Man's lowly beginnings in the stream of life, and which therefore unquestioningly refers questions of the control of life to the natural laws which operate in life itself.

Now, eugenic sterilization inevitably calls attention to the basic law of heredity, and from this point of view it will be helpful in aligning human ideals with the facts of existence. It is a constant reminder that we cannot, by medical science and education, or the accumulation of wealth, manufacture the ideal human being. Even those who lay the greatest emphasis on what is termed the spiritual side of life will do well to remember the description of the spiritual man as "born of the spirit." This brings two slogans to mind, one old, the other new: "The right to parenthood" and "the rights of posterity."

Is there a right to parenthood? It is so generally assumed that the chief objections to sterilization are usually based on some such assertion. If it is a right, it is a new and a fictitious one, and not a natural right. Who are the parents of each

generation in any animal population? The answer is, one male and one female in each group which at every stage of their lives are fitted most perfectly to their surroundings, and perform most completely and unhesitatingly all the complex acts governed by their instinct; to which we must add, when we come to the animals most akin to ourselves, those whose instincts have been most appropriately modified by education. They are not only the well-endowed and constitutionally most vigorous, but also the most educable. In Nature, therefore, there is no universal "right to parenthood"; this status is only won after rigorous competition as a last and final prize to the most perfect. And it is not out of place to reflect that the species dies out when the individuals so selected fail in their last allotted task.

Parenthood is a privilege and a responsibility, and it is suggested that an understanding of evolution and of Nature's laws inevitably arouses the sense of responsibility, whether the response is negative in refraining from parenthood, or positive in humbly and gladly accepting the altruistic and life-long rôle which the begetting and upbringing of a family entail. Pride there may be, but it cannot be personal pride, for the man who realizes the age-long struggle and toil which has resulted in his existence, and faces the fact that he is a link in a chain which, once broken, cannot be re-welded.

At this point we come to the idea of the "rights of posterity";—an imaginative phrase, for it may well be asked whether the unborn have rights? For long ages mankind has admitted the rights of the first products of conception, in setting its face sternly against abortion, and it is those tribes and peoples whose religious and social sentiment have hedged around with sanctity the beginnings of life which have survived. I ask the reader seriously to consider the proposition that it is only in those communities which recognize the rights of the unborn that the idea of progress will be translated into fact, and that human evolution may proceed.

We have come to the parting of the ways. Human destiny is in our hands. The simple facts which a child can absorb in nature-study bring to the adult the recognition of the gravest and most inevitable responsibility. Extension of knowledge still finds, even in humble and uninstructed human beings, a store of courage, and a readiness for endurance and for sacrifice, if the call is clear and unequivocal and there is a ray of hope.

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